



**AIG LIFE INSURANCE COMPANY**  
600 KING STREET  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

Policyholder: The County of Los Angeles  
Policy Number: GTP 8056552

**RECEIVED**  
AUG 14 2002

**BLANKET ACCIDENT INSURANCE**

Policy Amendment No. 5

This Policy Amendment is attached to and made part of the Policy effective July 1, 2002 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1. It is hereby agreed and understood that the policy is renewed for the period commencing July 1, 2002 and ending July 1, 2003

Renewal Premium Due: \$7,245.00

In all other regards, this policy shall remain the same.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of AIG Life Insurance Company witness this Policy Amendment:

President

Secretary



**AIG LIFE INSURANCE COMPANY**  
600 King Street  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
Count's Board of Supervisors  
Policy Number: GTP 805 6552

### **BLANKET ACCIDENT INSURANCE POLICY**

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder for whom premium is paid (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Declarations section of this Policy.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the Declarations section.

This Policy begins on the Policy Effective Date shown in the Declarations section and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid, subject to the Grace Period provision. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of AIG Life Insurance Company witness this Policy:

President

Secretary

**PLEASE READ THIS POLICY CAREFULLY.**

**THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT COVER SICKNESS OR  
DISEASE.**

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## DECLARATIONS

### 1. Identification of Policyholder:

Name of Policyholder: The County of Los Angeles and all Special Districts under the governance of the Count's Board of Supervisors  
Address of Policyholder: County of Los Angeles, Chief Administrative Office,  
Risk Management Operations  
500 W. Temple Street, Room 754  
Los Angeles, CA. 90012  
  
Policy Number: GTP 805 6552

**Newly Acquired Corporations, Partnerships, or Sole Proprietorships.** The premium for this Policy applies only to the Policyholder as constituted on the Policy Effective Date (or any renewal date of this Policy). However, any corporation, partnership, or sole proprietorship acquired by the Policyholder after the Policy Effective Date (or the renewal date) will be considered a part of the Policyholder, as of the date of the acquisition, but only if the following conditions are both met by the Policyholder within a reasonable time after the acquisition date: (1) it must report to the Company, in writing, the name of the newly acquired entity and all underwriting information the Company deems necessary to determine any additional premium required; and (2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with the Company). If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Policyholder, and the employees from the newly acquired entity will not be considered as employees of the Policyholder for Policy purposes, until the date both conditions are met.

### 2. Classification of Eligible Persons:

Class	Description of Class
I	All elected and appointed officials, officers, agents and employees of the county and all elected and appointed officials, officers, agents and employees of cities or communities with whom the County has contracted to perform services, and all guests traveling at the invitation of the County.

**Continuation of Eligibility.** If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of eligible class, Class I as described above may still be regarded as in eligible class, Class as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three months in a row unless a longer period is agreed to by the Company and the Policyholder.

3. **Principal Sums, Hazards, Benefits and Other Riders and Endorsements for Eligible Persons:**

Any Benefit shown in any row of the chart below applies only to an eligible person in a Class shown in that row, only with respect to an accident that occurs under the circumstances described in a Hazard shown in that row as to such person. Any other Rider or Endorsement shown in any row of the chart below applies only with respect to the Classes, Hazards, and Benefits shown in that row.

Section 3A.

Class(es)	Principal Sum
I	\$25,000

Section 3B.

Class(es)	Hazard(s)	Benefit(s) and Benefit Riders	Other Rider(s) and Endorsement(s)
I	H-19	B-1, B-2, B-7, B-13, B-26	C11863

Section 3C.

Other Riders and Endorsement to the Policy: C11863

4. **Aggregate Limit: \$1,000,000 per accident**

5. **Hazards, Benefits and Benefit Riders, Other Riders and Endorsements, and Attachments Made Part of this Policy:**

a. The following Hazards are made part of the Policy as of the Policy Effective Date:

FORM NUMBER	HAZARD NUMBER.	DESCRIPTION
C11878	H-19	Policyholder Aircraft (Passenger, Pilot or Crew Member)

b. Check one and only one:

  X   B-1 and B-2 Both Accidental Death and Accidental Dismemberment Benefits

The following Benefits and Benefit Riders/Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Benefit Rider/Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that Benefit Rider/Endorsement.

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION
C11914	B-7	Coma Benefit
C11920	B-13	Emergency Evacuation Benefit
C11933	B-26	Repatriation of Remains Benefit

**6. Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$6,300.00 per year, due and payable annually

\$6,300.00 July 1, 1999 to July 1, 2000

\$6,300.00 July 1, 2000 to July 1, 2001

\$6,300.00 July 1, 2001 to July 1, 2002

**7. Coverage Effective Date:**

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the following date: the date the individual become a member of an Eligible Class of person as described in the Classification of Eligible Persons section of the Declaration Section.

A change in coverage due to a change in the eligible person's class will become effective on the latest of the following dates: (1) if the change requires in premium, the date the first changed premium is paid when due; or (2) the date the individual becomes a member of an Eligible Class of Persons as described in the Classification of Eligible Persons section of the Declaration section,

**8. Policy Term**

Policy Effective Date: July 01, 1999

Policy Anniversary Date: July 01, 2000

Policy Termination Date: July 01, 2002

## DEFINITIONS

**Airworthiness Certificate** - means the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

**Civilian Aircraft** - means a civil or public aircraft having a current and valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.

**Immediate Family Member** - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Injury** - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs under the circumstances described in a Hazard applicable to that person; and (3) results directly and independently of all other causes in a loss covered under a Benefit applicable to such Hazard. See the Principal Sums, Hazards and Benefits for Eligible Persons section in the Declarations section of this Policy for applicability of Hazards and Benefits.

**Insured** - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; (2) for whom premium has been paid; and (3) while covered under this Policy.

**Insured Person** - means an Insured.

**Insured Spouse** - means the Insured's Eligible Spouse .

**Military Air Transport Aircraft** - means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any other recognized country.

**Occupational** - means While on the Business of the Policyholder or While On-Premises of the Policyholder.

**Passenger** - means a person not performing as a pilot, operator or crew member of a conveyance.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**Policyholder Aircraft** - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

**Scheduled Air Carrier** - means any air carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the aircraft is then being used for any regular or chartered flight operated by such carrier.

**Sojourn and Personal Deviation, Sojourn or Personal Deviation** - means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

**Specialized Aviation Activity** - means an aircraft while it is being used for one or more of the following activities:

- acrobatic or stunt flying
- racing
- any endurance tests
- any flight on a rocket-propelled or rocket-launched aircraft
- crop dusting
- crop seeding
- crop spraying
- fire fighting
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
- exploration
- pipe line inspection
- power line inspection
- any form of hunting
- bird or fowl herding
- aerial photography
- banner towing
- any test or experimental purpose

**Trip** - means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment.

**While on the Business of the Policyholder** - means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation.

#### **POLICY EFFECTIVE AND TERMINATION DATES**

**Effective Date.** This Policy begins on the Policy Effective Date shown in the Declarations section of this Policy at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

**Termination Date.** The Company may terminate this Policy at any time by written notice delivered to the Policyholder, or mailed to its last address as shown on the records of the Company, stating when, not less than 31 days thereafter, such termination shall be effective. The Policyholder may terminate this Policy at any time by written notice delivered or mailed to the Company, effective upon receipt or upon such later date as may be specified in the notice. This Policy terminates automatically on the earlier of: 1) the Policy Termination Date shown in the Declarations section of this Policy; or 2) the premium due date if premiums are not paid when due, subject to the Grace Period provision. In the event of such termination by either the Company or the Policyholder, the Company shall promptly return on a pro rata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on a pro rata basis the earned premium which has not been paid. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Such termination shall be without prejudice to any claim originating prior to the effective date of such termination.



## INSURED'S EFFECTIVE AND TERMINATION DATES

**Effective Date.** An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

**Termination Date.** An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision; or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

## PREMIUM

**Premiums.** Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Declarations section of this Policy. The Company may change the required premiums due on any premium due date by giving the Policyholder at least 31 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

**Grace Period.** A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will terminate on the last day of the Grace Period if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by the Company in the collection of all overdue amounts.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

## BENEFITS

**Principal Sum.** As applicable to each Hazard and Benefit for each Insured Person, Principal Sum means the amount of insurance in force under this Policy on that person for that Hazard and Benefit as described for the Insured Person's eligible class in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy.

**Reduction Schedule.** The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

**AGE ON DATE OF ACCIDENT****PERCENTAGE OF AMOUNT OTHERWISE PAYABLE**

70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

**B-1. Accidental Death Benefit.** See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

**B-2. Accidental Dismemberment and Paralysis Benefit.** See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet .....	100%
Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and the Sight of One Eye .....	100%
One Foot and the Sight of One Eye .....	100%
Speech and Hearing in Both Ears .....	100%
One Hand or One Foot .....	50%
Sight of One Eye .....	50%
Speech or Hearing in Both Ears .....	50%
Hearing in One Ear .....	25%
Thumb and Index Finger of Same Hand .....	25%
Quadriplegia .....	100%
Paraplegia .....	75%
Hemiplegia .....	50%
Uniplegia .....	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

"Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

**Exposure and Disappearance.** If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within, one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

### **LIMITATIONS**

**Limitation on Multiple Benefits.** If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit.

**Limitation on Multiple Benefits.** If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit.

**Aggregate Limit.** The maximum amount payable under this Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident during the same Policy Term, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Declarations section of this Policy. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined. NOTE: If the Declarations section of this Policy states that an Aggregate Limit is restricted in its applicability to certain eligible classes or certain Hazards, this Aggregate Limit provision applies only to Insured Persons in those eligible classes or to whom that Hazard applies.



## GENERAL EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by this Policy.
3. declared or undeclared war, or any act of declared or undeclared war, unless specifically provided by this Policy.
4. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured Person enters military service).
5. the Insured Person being under the influence of any narcotics or intoxicants, unless administered on the advice of a Physician.
6. the Insured Person's commission of or attempt to commit a felony.

## CLAIMS PROVISIONS

**Notice of Claim.** Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of an Insured Person's loss, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies ®, Accident and Health Claims Division, P.O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured Person, is deemed notice to the Company.

**Claim Forms.** The Company will send such claim forms as are usually sent by it for filing proof of loss to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to the Company in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable, and in the case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

**Time of Payment of Claims.** Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

**Payment of Claims.** Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

## GENERAL PROVISIONS

**Entire Contract; Changes.** This Policy, the Master Application, and any attached Hazards, Riders, Endorsements and Amendments constitute the entire contract between the parties, and any statement made by the Policyholder or by any Insured Person shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall be used in defense to a claim hereunder unless it is contained in a written application.

No change in this Policy will be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

**Time Limit on Certain Defenses.** After three years from the date of issue of this Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in its application shall be used to void the Policy. After three years from the effective date of the coverage with respect to which any claim is made, no misstatement of any Insured Person eligible for coverage under the Policy, except a fraudulent misstatement, made in an application under the Policy shall be used to deny a claim for loss incurred commencing after expiration of such three years.

**Certificates of Insurance.** The Company, when required, will provide certificates of insurance for distribution to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

**Physical Examination and Autopsy.** The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions.** No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

**Beneficiary Designation and Change.** The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's basic group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary for an Insured's coverage or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

**Conformity With State Statutes.** Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

**Noncompliance with Policy Requirements.** Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

**Workers' Compensation.** This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

**Clerical Error.** Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

**Records.** The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

**Assignment.** This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

**New Entrants.** This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.



Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
County's Board of Supervisors  
Policy Number: GTP 805 6552

**AIG LIFE INSURANCE COMPANY**  
ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

**HAZARD H-19**  
**POLICYHOLDER AIRCRAFT**  
**(Passenger, Pilot or Crew)**

Hazard H-19 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person while riding as a Passenger, pilot, operator or crew member in or on (including getting in or out of, or on or off of), or by being struck or run down by a designated aircraft described below:

Fire Department

Bell 412	N18LA
Bell 412	N17LA
Bell 412	N412LA
Bell 412	N120LA
Bell 205 A1	N14LA
Bell 205 A1	N15LA
Bell 205 A1	N160LA
Bell 206 B3	N55LA
Canadair CL215T	CG-QBG
Canadair CL215T	CG-QBI

Sheriff's Department

MD520N	N950SD
MD520N	N952SD
MD520N	N953SD
MD520N	N954SD
MD520N	N955SD
MD520N	N956SD
MD600N	N957SD
MD600N	N958SD
MD600N	N959SD
MD500E	N241JH
MD500E	N234RF
Hughes 500D	N8387F
Sikorsky S-58T	N724SB
Sikorsky S-58T	N64CH
Sikorsky S-58T	N392JK
Sikorsky SH-3H	N951AB
Sikorsky SH-3H	N950DF
Sikorsky SH-3H	N950SB
Sikorsky SH-3H	N240HJ



Bell 206LI	N5758H
Cessna T210M	N732WQ
Cessna 210N	N633OC
Cessna 414	N4793G

which, at the time the Injury is sustained: (1) is a Policyholder Aircraft; (2) is being operated with the consent of the Policyholder; and (3) is being piloted by:

but only if such pilot, at the time the Injury is sustained: (1) has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and (2) has a minimum of 100 military, private or professional pilot hours logged for like aircraft, separately or combined.

**Exclusions.** Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of), or being struck or run down by, any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft described above while it is carrying Passengers for hire and any aircraft while it is being used for any Specialized Aviation Activity(ies).



## AIG LIFE INSURANCE COMPANY

ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
County's Board of Supervisors  
Policy Number: GTP 805 6552

### BENEFIT B-7 COMA BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Declarations section of the Policy. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

**Coma Benefit.** If Injury renders an Insured Person Comatose within 30 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

**Coma/Comatose** - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of AIG Life Insurance Company witness this Rider:

President

Secretary



**AIG LIFE INSURANCE COMPANY**  
ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
Count's Board of Supervisors  
Policy Nubmer: GTP 805 6552

**BENEFIT B-13**  
**EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Declarations section of the Policy. It applies only with respect to accidents and Emergency Sickneses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

**Emergency Evacuation Benefit.** The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of \$100,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sickneses from the same or related causes<sup>2</sup>.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

**Family Travel Benefit.** Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured Person's Children who were accompanying the Insured Person when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
2. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone and if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket.

AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

**Children** - as used in this Rider, means unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured Person's home, under age **19** and primarily dependent on the Insured Person for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

**Covered Emergency Evacuation Expense(s)** - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**Emergency Evacuation** - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

**Emergency Sickness** - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."


**Medically Necessary Emergency Evacuation Service** - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

**Transportation** - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of AIG Life Insurance Company witness this Rider:



President



Secretary



AIG LIFE INSURANCE COMPANY  
ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
Count's Board of Supervisors  
Policy Number: GTP 805 6552

**BENEFIT B-26**  
**REPATRIATION OF REMAINS BENEFIT RIDER**

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Declarations section of the Policy. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

**Repatriation of Remains Benefit.** If an Insured Person suffers loss of life due to Injury while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence , up to a maximum of \$10,000.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

AIG Assist must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact AIG Assist in advance.

The President and Secretary of AIG Life Insurance Company witness this Rider:

President

Secretary



Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
County's Board of Supervisors  
Policy Number: GTP 805 6552

AIG LIFE INSURANCE COMPANY  
ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

## BLANKET ACCIDENT INSURANCE

### Policy Amendment No. 1

This Policy Amendment is attached to and made part of the Policy effective July 01, 1999 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1. It is hereby agreed and understood that this policy extends coverage while performing the following official duties;
  - a) Use of aircraft for performing law enforcement activities, including suppression and control of riots, civil commotion, or disorders;
  - b) Emergency medical transportation or search and rescue operations;
  - c) Crop spraying, dusting and seeding are defined as aerial application of chemicals, compounds, or water for seeds for restoration and fire prevention.

IN ALL OTHER RESPECT, THIS POLICY SHALL REMAIN THE SAME.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of AIG Life Insurance Company witness this Policy Amendment:

President

Secretary



Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
County's Board of Supervisors  
Policy Number: GTP 805 6552

AIG LIFE INSURANCE COMPANY  
ONE ALICO PLAZA  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
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## BLANKET ACCIDENT INSURANCE

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  - b) Emergency medical transportation or search and rescue operations;
  - c) Crop spraying, dusting and seeding are defined as aerial application of chemicals, compounds, or water for seeds for restoration and fire prevention.

IN ALL OTHER RESPECT, THIS POLICY SHALL REMAIN THE SAME.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of AIG Life Insurance Company witness this Policy Amendment:

President

Secretary



Policyholder: The County of Los Angeles and  
all Special Districts under the governance of the  
Count's Board of Supervisors  
Policy Number: GTP 805 6552

**AIG LIFE INSURANCE COMPANY**  
600 KING STREET  
WILMINGTON, DELAWARE 19801  
(302) 594-2000  
(Herein called the Company)

## BLANKET ACCIDENT INSURANCE

### Policy Amendment No. 2

This Policy Amendment is attached to and made part of the Policy effective July 1, 1999 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1. It is hereby agreed and understood that the following definition is added to Hazard H-19, C11878:

While an aircraft owned, or operated by the Policyholder as described is withdrawn from normal use because of its breakdown, repair servicing, loss or destruction, such insurance as is afforded with respect to such aircraft shall also apply with respect to another aircraft of like type and airworthiness certificate category, not so owned, if temporarily used as the substitute for such aircraft described, and such aircraft is being operated at the time with the consent of the Policyholder and being piloted by a person who then holds a current and valid certificate of competency or rating authorizing him to pilot such aircraft. This provision does not afford insurance coverage to the owner of the substitute aircraft or any agent or employee of such owner.

IN ALL OTHER RESPECTS THIS POLICY SHALL REMAIN THE SAME

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of AIG Life Insurance Company witness this Policy Amendment:

President

Secretary



## **AIG ASSIST AGREEMENT**

In consideration of the payment of the Subscription Fee as set forth in the Schedule of Services in this Service Agreement, American International Assistance Service, Inc. (herein called the Company), agrees to provide the organization named in the Schedule of Services (herein called the Participating Organization) certain services and travel assistance (herein called Services) for those individuals (herein called Eligible Persons) designated in the Schedule of Services, a copy of which is attached to this Agreement and made a part of it, during the term of this Agreement, to the extent provided herein.

### **I. EFFECTIVE DATE OF AND TERM OF SERVICE AGREEMENT**

This Service Agreement is effective at 12:01 A.M. Standard Time at the Participating Organization's address as of the date stated as the Effective Date in the Schedule of Services, and shall continue in force until the termination date stated in the Schedule of Services. This Service Agreement may be terminated by either the Participating Organization or the Company but only in accordance with the provision entitled "Termination of Service Agreement."

### **II. DEFINITIONS**

**Eligible Person (s)** - An eligible person (s) means a person who is covered under the Class of Eligible Persons shown on the Schedule of Services and for whom the appropriate subscription fee has been paid.

**Injury** - Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while this Service Agreement is in force as to the eligible person.

**Sickness** - Sickness means an illness or disease of the eligible person which is diagnosed or treated after the effective date of the Service Agreement and while the eligible person is covered under this Service Agreement.

**Hospital** - Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

**Physician** - Physician means any licensed practitioner of the healing arts acting within the scope of his/her license who performs medical services required and provided for by this Service Agreement.

**Immediate Family** - The eligible person's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren, who reside in the United States or Canada.

**Dependent Child or Children** - The eligible person's unmarried dependent children under age 19 and primarily dependent on the eligible person for

support and maintenance. Dependent children includes step, foster or adopted children from the moment of placement in the eligible person's home.

**Country of Domicile** - The country where an eligible person (s) has his/her true, fixed and permanent home and principal establishment, and to which whenever he/she is absent he/she has the intention of returning.

### **III. CONDITIONS OF AVAILABILITY OF SERVICES**

The Company will provide the Services under the conditions described in the Schedule of Services. Services shall be provided during travel to and from including within, the countries listed in the Schedule of Services, provided such travel is 100 miles or more away from the Eligible Person's permanent place of assignment or residence.

### **IV. SERVICES PROVIDED**

#### **MEDICAL ASSISTANCE**

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

#### **MEDICAL EVACUATION**

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to his/her residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.

## **REPATRIATION**

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

## **LEGAL ASSISTANCE**

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, the Company will, if requested, provide the eligible person with the name of an attorney who can represent him/her in any necessary legal matters.

## **FINANCIAL AND GENERAL ASSISTANCE**

The Company will provide assistance in replacing lost traveler's checks; processing claims for lost or stolen property or for trip delays, interruptions or cancellation, handling language problems and arranging travel for emergencies back home.

## **EMERGENCY FAMILY TRAVEL ARRANGEMENTS**

The Company will coordinate emergency travel arrangements for the eligible person's family members who need to join the eligible person when hospitalized.

## **RETURN OF COMPANION**

When the eligible person is hospitalized or medically evacuated and a traveling companion's air ticket is no longer valid, the Company will arrange and pay one way economy air transportation for the companion to return to their original departure point.

## **RETURN OF MINOR CHILDREN**

If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will arrange and pay for one way economy air fare for them to be returned to their place of residence, a designated family member or friend. Qualified attendants will also accompany them when required.

## **RETURN OF VEHICLE**

In the event of the eligible person's hospitalization or medical evacuation, the Company will arrange to have your unattended vehicle returned to the rental agency or the eligible person's current principal residence.

## **TRANSPORTATION OF COMPANION**

If an eligible person is traveling alone and is hospitalized for more than seven (7) days, economy round trip air fare to the place of hospitalization will be arranged and paid for a person chosen by the eligible person; or,



## **FAMILY REUNION**

If it becomes necessary to evacuate the eligible person and the attending physician deems it beneficial for a family member to be by the side of the eligible person, economy round trip air fare to the place of hospitalization will be arranged and paid for.

### **V. LIMITATION**

The Company reserves the right to suspend, curtail or limit its activities in connection with this Agreement in the event of war, riot, insurrection, opposition by legal and administrative authorities of a country where the incident takes place, or acts of God. The Company will, however, endeavor to provide services to the best of its ability during any such occurrence. No services shall be provided within a radius of 100 miles of an eligible person's permanent place of assignment or residence.

### **VI. DISCLAIMER OF LIABILITY**

In all cases, the medical profession or any attorney suggested by the company shall act in a medical or legal capacity on behalf of the eligible person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The eligible person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

### **VII. SUBSCRIPTION FEE SCHEDULE**

Fees shall be due and payable on or before the Effective Date.

The subscription fee is based upon the information provided the Company, and is shown in the Schedule of Services.

The Company reserves the right to change the Subscription Fees, but no such change shall affect payment of any fee until the termination date after written notice of change is mailed or delivered to the Participating Organization.

In no case, however, may less than sixty (60) days notice be given.

## **VIII. PROVISIONS**

### **ENTIRE CONTRACT: CHANGES**

This Agreement (including the Schedule of Services, the written contract riders, which must be approved by both parties, the endorsements and attached papers) constitutes the entire contracts between the parties. No change in this Agreement shall be valid unless approved by an executive officer of the Company.

### **TERMINATION OF SERVICE AGREEMENT**

This Agreement may be terminated by the Participating Organization or the company on the termination date or at any time thereafter by the terminating party mailing or delivering to the other thirty (30) days written notice of termination. The Company may terminate if subscription fees are not paid when due. In any event, Services for incidents occurring prior to termination will be completed.

### **EXAMINATION AND AUDIT**

The Company shall be permitted to examine the Participating Organization's and be given reasonable access with prior written notice records relating to this Agreement at any time during Service Agreement .

### **SUBROGATION**

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the eligible person against any party responsible for acts giving rise to injury or illness for which the Company renders assistance.

**SCHEDULE SERVICES**

AIG SERVICE AGREEMENT NUMBER 805 6552

I. Participating Organization:

The County of Los Angeles and all Special Districts under the governance of the County's Board of Supervisors

II. Eligible Person (s):

POLICY FORM C11860CA, DECLARATIONS, #2, DESCRIPTION OF CLASS

III. Conditions of Availability of Services:

C11878      H-19      Policyholder Aircraft (Passenger, Pilot or Crew Member)

IV. Countries in which Services are to be provided:

WORLDWIDE

V. Maximum Amount the Company will provide for an Emergency Evacuation of an eligible person:  
\$100,000.

Maximum Amount the Company will provide for Repatriation of an eligible person: U.S.  
\$10,000.

VI. Fee Schedule: In accordance with Policy # GTP 805 6552 issued to the Participating Organization.

VII. Effective Date: July 01, 1999

VIII. Termination Date: Continuous till cancelled

\_\_\_\_\_  
Authorized Policyholder Signature

## AIG ASSIST AGREEMENT

In consideration of the payment of the Subscription Fee as set forth in the Schedule of Services in this Service Agreement, American International Assistance Service, Inc. (herein called the Company), agrees to provide the organization named in the Schedule of Services (herein called the Participating Organization) certain services and travel assistance (herein called Services) for those individuals (herein called Eligible Persons) designated in the Schedule of Services, a copy of which is attached to this Agreement and made a part of it, during the term of this Agreement, to the extent provided herein.

### **I. EFFECTIVE DATE OF AND TERM OF SERVICE AGREEMENT**

This Service Agreement is effective at 12:01 A.M. Standard Time at the Participating Organization's address as of the date stated as the Effective Date in the Schedule of Services, and shall continue in force until the termination date stated in the Schedule of Services. This Service Agreement may be terminated by either the Participating Organization or the Company but only in accordance with the provision entitled "Termination of Service Agreement."

### **II. DEFINITIONS**

**Eligible Person (s)** - An eligible person (s) means a person who is covered under the Class of Eligible Persons shown on the Schedule of Services and for whom the appropriate subscription fee has been paid.

**Injury** - Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while this Service Agreement is in force as to the eligible person.

**Sickness** - Sickness means an illness or disease of the eligible person which is diagnosed or treated after the effective date of the Service Agreement and while the eligible person is covered under this Service Agreement.

**Hospital** - Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

**Physician** - Physician means any licensed practitioner of the healing arts acting within the scope of his/her license who performs medical services required and provided for by this Service Agreement.

**Immediate Family** - The eligible person's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren, who reside in the United States or Canada.

**Dependent Child or Children** - The eligible person's unmarried dependent children under age 19 and primarily dependent on the eligible person for

support and maintenance. Dependent children include step, foster or adopted children from the moment of placement in the eligible person's home.

**Country of Domicile** - The country where an eligible person (s) has his/her true, fixed and permanent home and principal establishment, and to which whenever he/she is absent he/she has the intention of returning.

### **III. CONDITIONS OF AVAILABILITY OF SERVICES**

The Company will provide the Services under the conditions described in the Schedule of Services. Services shall be provided during travel to and from including within, the countries listed in the Schedule of Services, provided such travel is 100 miles or more away from the Eligible Person's permanent place of assignment or residence.

### **IV. SERVICES PROVIDED**

#### **MEDICAL ASSISTANCE**

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

#### **MEDICAL EVACUATION**

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to his/her residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.



## **REPATRIATION**

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

## **LEGAL ASSISTANCE**

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, the Company will, if requested, provide the eligible person with the name of an attorney who can represent him/her in any necessary legal matters.

## **FINANCIAL AND GENERAL ASSISTANCE**

The Company will provide assistance in replacing lost traveler's checks; processing claims for lost or stolen property or for trip delays, interruptions or cancellation, handling language problems and arranging travel for emergencies back home.

## **EMERGENCY FAMILY TRAVEL ARRANGEMENTS**

The Company will coordinate emergency travel arrangements for the eligible person's family members who need to join the eligible person when hospitalized.

## **RETURN OF COMPANION**

When the eligible person is hospitalized or medically evacuated and a traveling companion's air ticket is no longer valid, the Company will arrange and pay one way economy air transportation for the companion to return to their original departure point.

## **RETURN OF MINOR CHILDREN**

If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will arrange and pay for one way economy air fare for them to be returned to their place of residence, a designated family member or friend. Qualified attendants will also accompany them when required.

## **RETURN OF VEHICLE**

In the event of the eligible person's hospitalization or medical evacuation, the Company will arrange to have your unattended vehicle returned to the rental agency or the eligible person's current principal residence.

## **TRANSPORTATION OF COMPANION**

If an eligible person is traveling alone and is hospitalized for more than seven (7) days, economy round trip air fare to the place of hospitalization will be arranged and paid for a person chosen by the eligible person; or,

## FAMILY REUNION

If it becomes necessary to evacuate the eligible person and the attending physician deems it beneficial for a family member to be by the side of the eligible person, economy round trip air fare to the place of hospitalization will be arranged and paid for.

### **V. LIMITATION**

The Company reserves the right to suspend, curtail or limit its activities in connection with this Agreement in the event of war, riot, insurrection, opposition by legal and administrative authorities of a country where the incident takes place, or acts of God. The Company will, however, endeavor to provide services to the best of its ability during any such occurrence. No services shall be provided within a radius of 100 miles of an eligible person's permanent place of assignment or residence.

### **VI. DISCLAIMER OF LIABILITY**

In all cases, the medical profession or any attorney suggested by the company shall act in a medical or legal capacity on behalf of the eligible person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The eligible person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

### **VII. SUBSCRIPTION FEE SCHEDULE**

Fees shall be due and payable on or before the Effective Date.

The subscription fee is based upon the information provided the Company, and is shown in the Schedule of Services.

The Company reserves the right to change the Subscription Fees, but no such change shall affect payment of any fee until the termination date after written notice of change is mailed or delivered to the Participating Organization.

In no case, however, may less than sixty (60) days notice be given.

## **VIII. PROVISIONS**

### **ENTIRE CONTRACT: CHANGES**

This Agreement (including the Schedule of Services, the written contract riders, which must be approved by both parties, the endorsements and attached papers) constitutes the entire contracts between the parties. No change in this Agreement shall be valid unless approved by an executive officer of the Company.

### **TERMINATION OF SERVICE AGREEMENT**

This Agreement may be terminated by the Participating Organization or the company on the termination date or at any time thereafter by the terminating party mailing or delivering to the other thirty (30) days written notice of termination. The Company may terminate if subscription fees are not paid when due. In any event, Services for incidents occurring prior to termination will be completed.

### **EXAMINATION AND AUDIT**

The Company shall be permitted to examine the Participating Organization's and be given reasonable access with prior written notice records relating to this Agreement at any time during Service Agreement .

### **SUBROGATION**

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the eligible person against any party responsible for acts giving rise to injury or illness for which the Company renders assistance.



## SCHEDULE SERVICES



AIG SERVICE AGREEMENT NUMBER 805 6552

I. Participating Organization:

The County of Los Angeles and all Special Districts under the governance of the County's Board of Supervisors

II. Eligible Person (s):

POLICY FORM C11860CA, DECLARATIONS, #2, DESCRIPTION OF CLASS

III. Conditions of Availability of Services:

C11878      H-19      Policyholder Aircraft (Passenger, Pilot or Crew Member)

IV. Countries in which Services are to be provided:

WORLDWIDE

V. Maximum Amount the Company will provide for an Emergency Evacuation of an eligible person:  
\$100,000.

Maximum Amount the Company will provide for Repatriation of an eligible person: U.S.  
\$10,000

VI. Fee Schedule: In accordance with Policy # GTP 805 6552 issued to the Participating Organization.

VII. Effective Date: July 01, 1999

VIII. Termination Date: Continuous till cancelled

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Authorized Policyholder Signature